



**LOUISIANA WORKS**  
DEPARTMENT OF LABOR

Kathleen Babineaux Blanco  
Governor

John Warner Smith  
Secretary

OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

LOUISIANA DEPARTMENT OF LABOR  
OSHA CONSULTATION  
COST CONTAINMENT MEETING APPLICATION

**IN ORDER TO QUALIFY FOR PARTICIPATION IN THE COST CONTAINMENT PROGRAM, THE EXPERIENCE MODIFIER RATE FOR YOUR COMPANY MUST HAVE BEEN 1.50 OR HIGHER AS OF DECEMBER 31 OF THE PRIOR YEAR. THIS INFORMATION CAN BE OBTAINED FROM YOUR WORKERS' COMPENSATION INSURANCE CARRIER OR SELF-INSURED ASSOCIATION.**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Experience Modifier Rate: \_\_\_\_\_ as of December 31 of the prior year

Name and Title of Representative: \_\_\_\_\_  
(please print or type)

Representative Signature: \_\_\_\_\_

Date and location of meeting applying for: \_\_\_\_\_

Louisiana Department of Labor  
OSHA Consultation  
P. O. Box 94094  
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Fax: (225) 342-5158

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